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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/970,610
Filing Date	October 4, 2001
First Named Inventor	Ryan Raz
Art Unit	2122
Examiner Name	Not Yet Assigned
Attorney Docket Number	VERACE 3.0-010 CONT

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2100

I hereby apply to withdraw as attorney or agent for the above identified patent application

The reasons for this request are: that the client, Veracel, Inc. (assignee herein) has failed to pay one or more bills rendered by undersigned practitioner for an unreasonable period of time (37 C.F.R. 10.40(c)(1)(vi)). Outstanding balances due undersigned counsel remain unpaid.

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

☐ Firm or Individual Name VERACEL INC.

Address	59 Adelaide Street, East, 4 th Floor				
City	Toronto	State	Ontario	Zip	M5C1K9
Country	Canada				
Telephone	416-361-6232		Fax		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record.
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Marcus J. Millet		
Signature		Registration No.	28,241
Date	September 11, 2003		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 11, 2003

Signature: (Marcus J. Millet)